

# Department of Health and Human Services Nevada State Health Division



## Agency Overview

*The Mission of the Health Division is to Promote and Protect the Wellbeing of Nevadans and Visitors to our State by Preventing Disease, Injury and Disability*

**Brian Sandoval, Governor**

**Michael J. Willden, Director**

**Richard Whitley, MS, Administrator**

**Tracey D. Green, MD, State Health Officer**

*January 27, 2011*



# Mission

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- The Nevada State Health Division:
  - Promotes the health of Nevadans and visitors through its leadership in public health matters and enforcement of laws and regulations pertaining to public health.
  - Takes measures necessary to prevent the spread of sickness and disease.
  - Is guided by the State Board of Health

PUBLIC HEALTH IS POPULATION BASED HEALTH

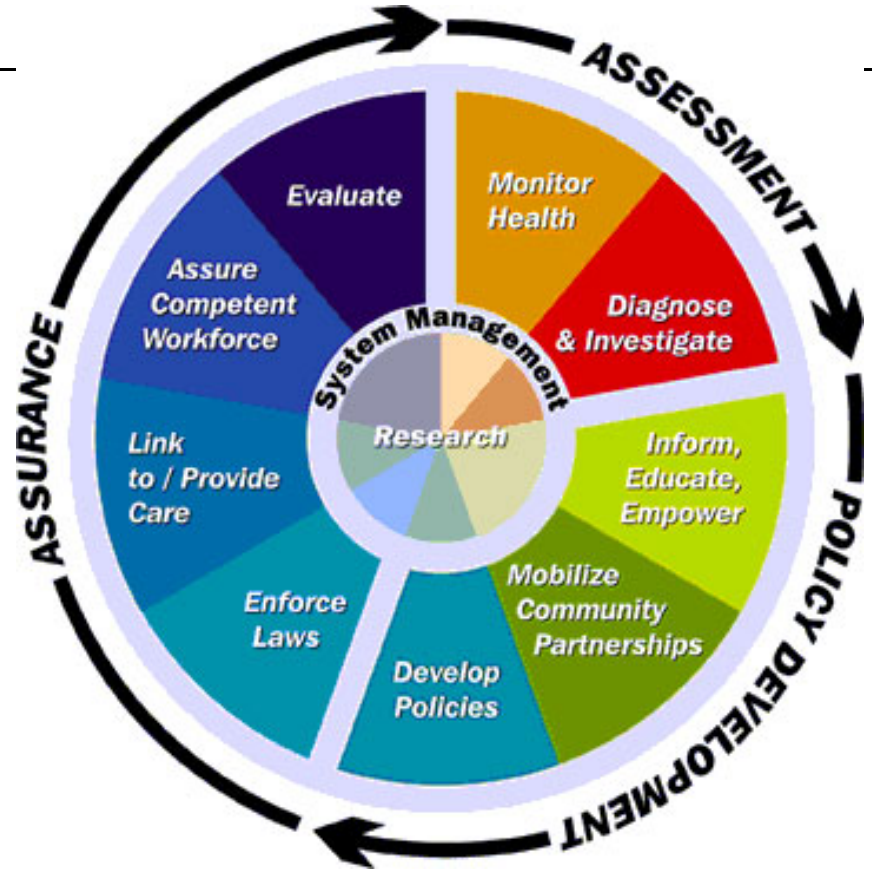
# 10 Core Functions of Public Health

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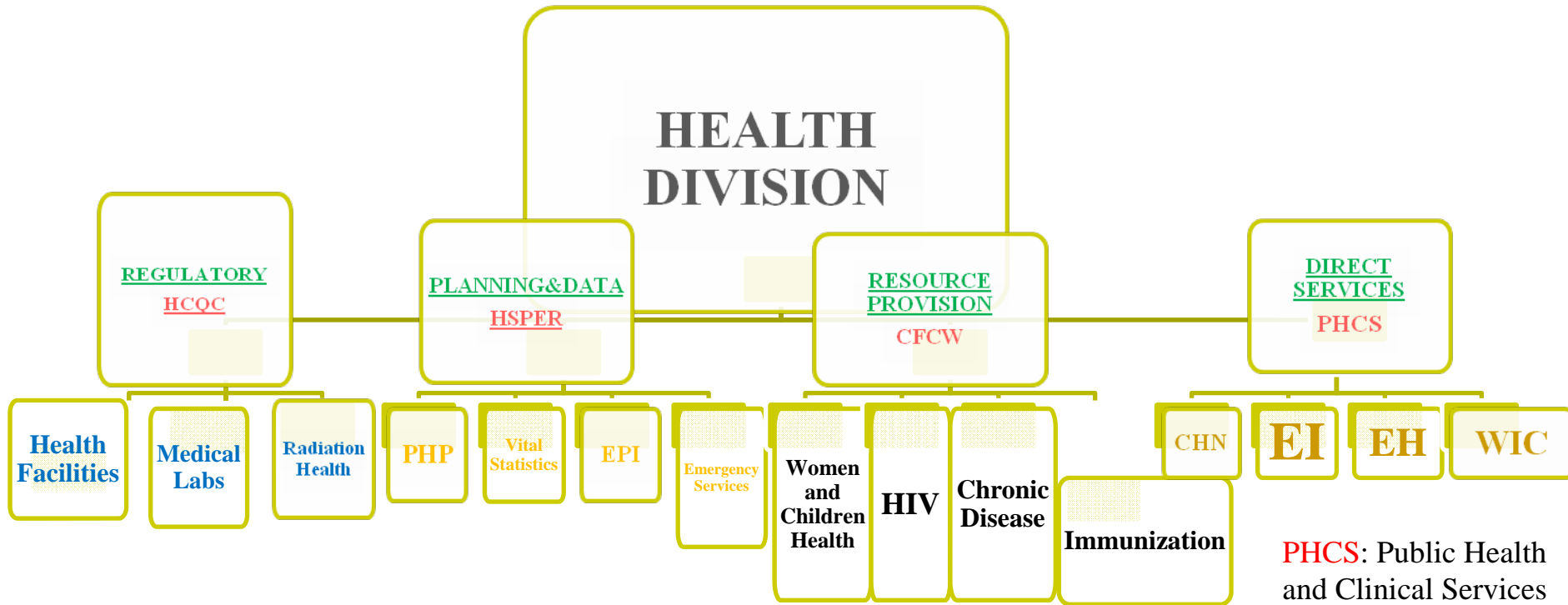
- 1. **Monitor** health status to identify and solve community health problems.
- 2. **Diagnose and investigate** health problems and health hazards in the community.
- 3. **Inform, educate,** and empower people about health issues.
- 4. **Mobilize** community partnerships and action to identify and solve health problems.
- 5. **Develop** policies and plans that support individual and community health efforts.
- 6. **Enforce** laws and regulations that protect health and ensure safety.
- 7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
- 8. **Assure** competent public and personal health care workforce.
- 9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
- 10. **Research** for new insights and innovative solutions to health problems.

# 10 Essential Services of Public Health

- Founded on the Three Core Functions of Public Health
  - **ASSESSMENT**-  
systematic collection  
and analysis of data
  - **POLICY**  
**DEVELOPMENT**
  - **ASSURANCE**-  
provision regulation  
and monitoring of  
services



# Health Division Bureau Overview



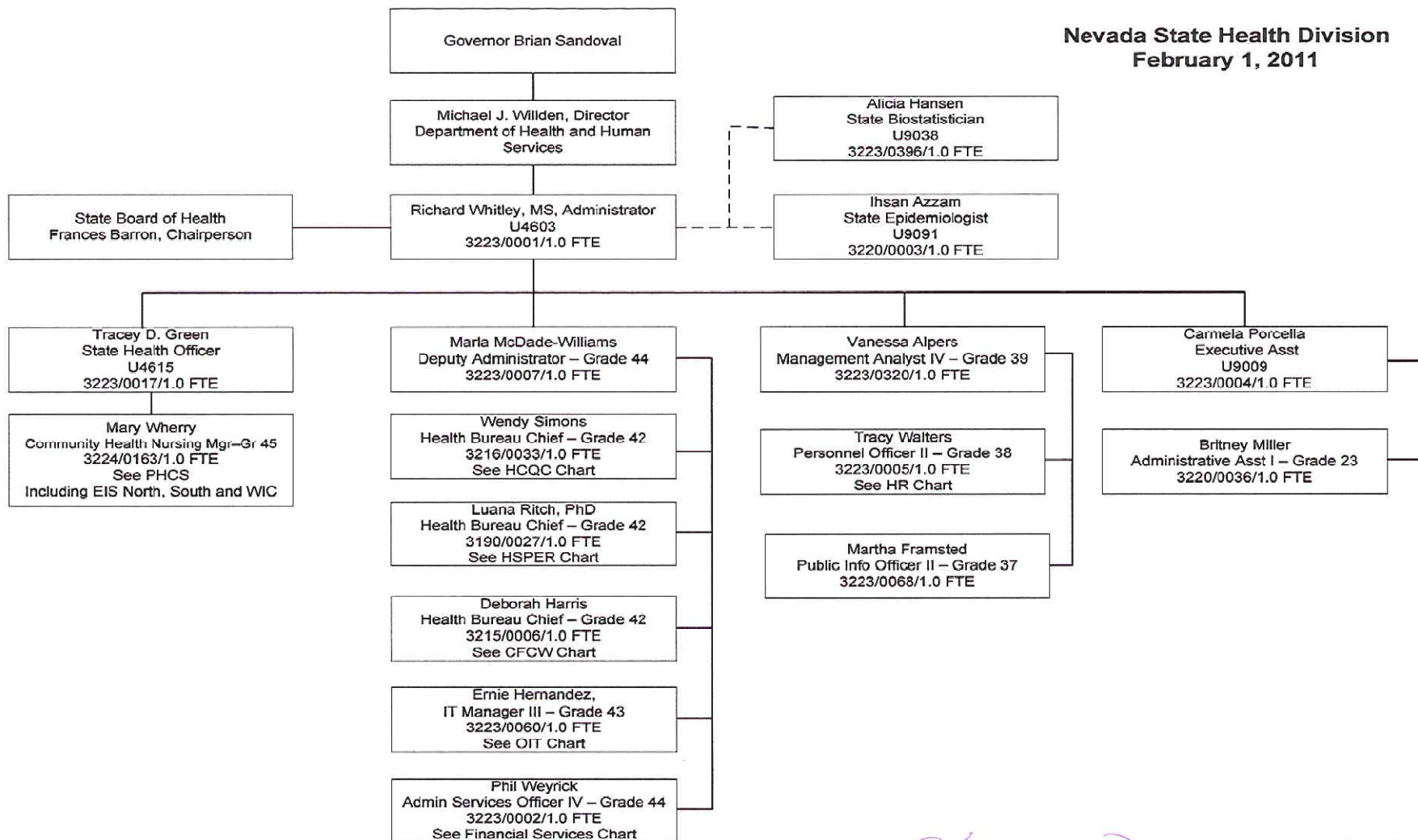
**HCQC** :Health Care Quality and Compliance

**CFCW**: Child, Family and Community Wellness

**HSPER** :Health Statistics, Planning, Epidemiology and Response

**FUNCTIONAL OVERVIEW OF THE NEVADA STATE HEALTH DIVISION**

Nevada State Health Division  
February 1, 2011



*Tracy Walters*  
Tracy Walters, Personnel Officer

*2/2/11*  
Date

**Health Division Organizational chart and key contact list**

*Richard Whitley*  
Richard Whitley, MS, Administrator

Date

# Quick Facts

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- Health Division - Four Functional Areas:
  - 1. **REGULATORY**
    - **Bureau of Health Care Quality and Compliance (HCQC)**
  - 2. **DIRECT SERVICES**
    - **Bureau of Public Health and Clinical Services (PHCS)**
  - 3. **PLANNING AND DATA**
    - **Bureau of Health Statistics, Planning, Epidemiology, and Response (HSPER)**
  - 4. **RESOURCE PROVISION**
    - **Bureau of Child, Family, and Community Wellness (CFCW)**



# 1. REGULATORY

## Bureau of Health Care Quality and Compliance (HCQC)

### □ Licensure and Certification

- Medical Facilities

- Medical Labs

### □ Radiological Health



## 2. DIRECT SERVICES:

### Bureau of Public Health and Clinical Services

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#### (PHCS)

- Rural and Frontier Services
  - Community Health Nursing
  - Environmental Health (some statewide activities)
- Statewide Services
  - Early Intervention Services (EIS)
  - WIC (Women, Infants and Children)

## 2.DIRECT SRVICES:

### Bureau of Public Health and Clinical Services

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#### □ STATEWIDE

#### □ Early Intervention Services (EIS)-

- Serves children birth to 3 who are at risk for or have developmental delays
- EIS are guided by the state's acceptance of the US Department of Education's Individuals with Disabilities Education Act (IDEA) Part C funds.
- As laid out by IDEA Part C services are determined through an Individualized Family Service Plan or IFSP.
- The plan and subsequent services are developed for and with the child and family.
- In 2010 NEIS-4,734 children were referred to EIS and 3,805 children received services.

## 2. DIRECT SERVICES:

### Bureau of Public Health and Clinical Services

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#### □ STATEWIDE

#### □ WIC ( Women, Infants and Children):

- 100% Federally funded through the USDA
- Targets at risk populations age 0-5
- Participants must have limited income and be determined to be at nutritious risk
- Primarily foods to supplement the diets of at risk pregnant women, post-partum and breastfeeding women, infants and children 0-5

# 3. PLANNING AND DATA:

## Bureau of Health Statistics, Planning ,Epidemiology and Response (HSPER)

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Primary goal is to collect and analyze data relative to the health status of Nevadans and assist Nevadans in preparation for Public Health Emergencies.

- Public Health Preparedness (PHP)
- Vital Statistics-Birth and death certificates; now all electronic since last session
- Epidemiology and Biostatistics: conduct disease surveillance, investigate disease outbreaks, and initiate disease control activities; Also uses this data to implement best practices and improve our health outcomes.
- Emergency Medical Services: We cover the entire state except Clark County: Licensing EMS
- Office Of Primary Care/J1 Visa Program
- Health Registries:
  - Medical Marijuana
  - Cancer Registry
  - Trauma Registry
  - Sentinel Events Registry

## 4. RESOURCE PROVISION:

### Bureau of Child, Family, and Community Wellness (CFCW)

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Protect the health of all children and families in Nevada by providing them with opportunities to reach their full potential with guidance through education, awareness, advocacy, policy and leadership

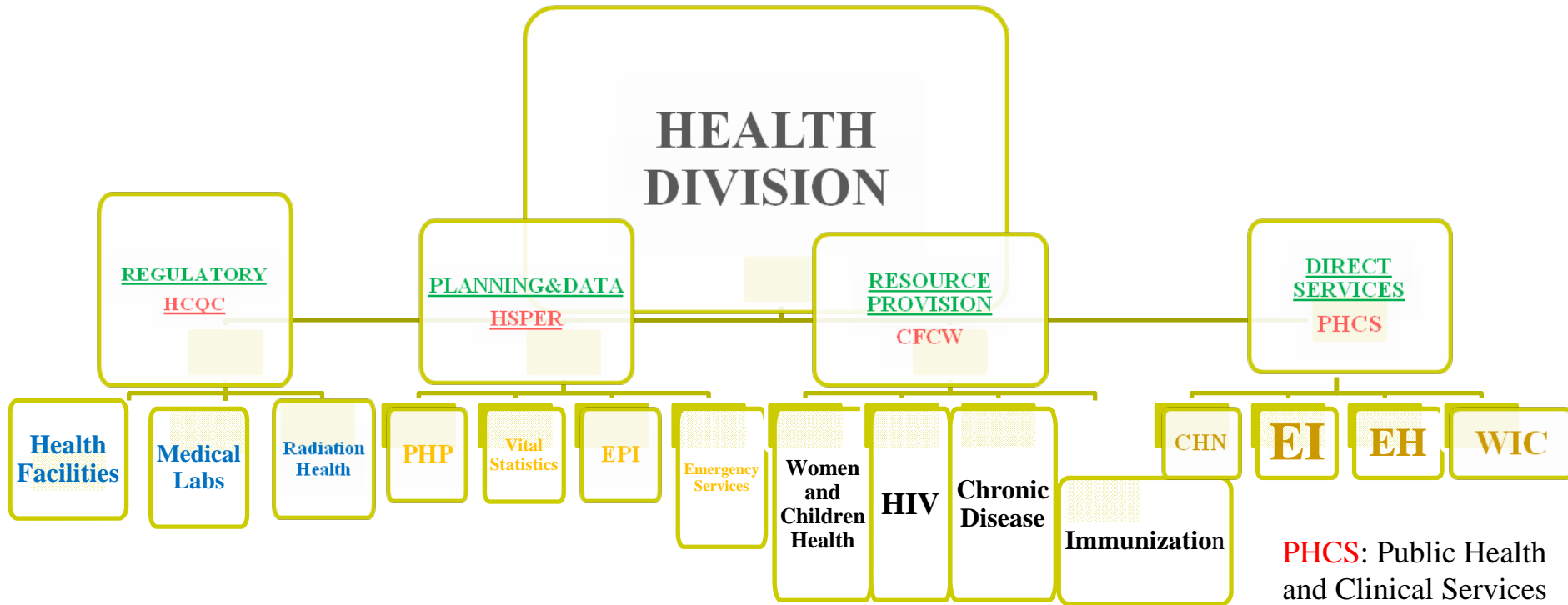
- Women and Children's Health-Injury Prevention, Rape Prevention ,Children with Special Healthcare Needs, MCH,WHC
- Immunization
- Chronic Disease Prevention and Health Promotion-cancer,diabetes,tobacco
- HIV/AIDS- Ryan White

Care:ADAP(aids drug assistance program),SPAP-state pharmacies assistance program  
no waiting lists, helped (people)

Prevention:100% Federal funded,  
testing and outreach

- School Health and Workplace Wellness

# Health Division Bureau Overview



**PHCS:** Public Health and Clinical Services

**CFCW:** Child, Family and Community Wellness

**HCQC:** Health Care Quality And Compliance

**HSPER:** Health Statistics, Planning, Epidemiology and Response

# Accomplishments

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## □ **Immunizations**

- Nevada's ranking has improved from last place to the current ranking of 45<sup>th</sup> nationally.
- School based immunization clinics

## □ **Public Health Preparedness**

- Nevada's Strategic National Stockpile Score improved from 34 in January 2008 to the currently achieved score of 89.

## □ **WIC**

- Nevada was one of the first states to fully employ a WIC Electronic Benefits Transfer (EBT) food delivery system.
- Improving access

## □ **Early Intervention Services**

- The cost of educating a child with a disability or developmental delay is 2.2 times higher than a typical student. The legislature provided sufficient funding last session to assist the state and private sector partners in eliminating our wait list for these critical services.

## □ **AIDS Drug Assistance Program**


- There are nearly 5,000 people on waiting lists for AIDS medication in nine other states and nineteen states have restricted access to medication. Nevada has 1,238 residents enrolled in the AIDS Drug Assistance Program and has no waiting list for people living with HIV/AIDS.

## □ **Federal Grant Funds**

- 13% (\$10,430,466) growth in federal grant funds over SFY10.

# AREAS FOR GROWTH AND IMPROVEMENT

- The Commonwealth Fund report examined states' performance on 20 key indicators of children's health care access.
  - Nevada ranked 48<sup>th</sup> in child access and affordability
  - 51<sup>st</sup> in prevention and treatment
  - Overall access rating of 51st
  - New access opportunities-School Based Health Centers(SBHC), coordinating services placing WIC clinics in CHN clinics
- Provision of Services- major part of access
  - MA issues- importance of their role in service delivery in our state
  - Physician Shortage/J1 Visa
- Transparency and Regulatory Oversight
  - Policy is incremental- we have better policy but we need to take it further and
  - Look at ratings of hospitals and identification and prevention of HAIs.
- With budget reductions we need to focus on keeping funds and opportunities in our state
  - Newborn Screening

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